Commonwealth of Kentucky
DEPARTMENT OF VETERANS' AFFAIRS
Office of Kentucky Veterans' Centers
1111 Louisville Road
Frankfort, Kentucky 40601
(502) 564-9281
(888) 724-7683

Dear Potential Resident/Family Member:

Thank you for your interest in the Kentucky Veterans Centers. We realize that the decision to place a loved one into a long-term care facility is not an easy one, and our goal is to make the transition as effortless and pleasant as possible.

At the top of the enclosed application you will find the names of the three state veterans nursing homes we operate. Please check the box beside the home or homes in which you are interested in applying for admission.

There are admission coordinators at each home who are trained to assist, guide, and direct you through the application process. The address and telephone numbers of the admission coordinators are listed below, and we encourage you to contact them for any assistance needed.

In order to expedite the process, we have attached a list of items that are needed to help determine your eligibility, level of care, and financial responsibility. Please forward these items to us along with your completed application. Again, if any assistance is needed, please do not hesitate to contact one of the below facilities.

Thomson-Hood Veterans Center	Eastern Kentucky Veterans Center	Western Kentucky Veterans Center
ATTN: Admissions Coordinator	ATTN: Admissions Coordinator	ATTN: Admissions Coordinator
100 Veterans Drive	200 Veterans Drive	926 Veterans Drive
Wilmore, Kentucky 40390	Hazard, Kentucky 41701	Hanson, Kentucky 42413
(859) 858-2814	(606) 435-6196	(270) 322-9087
(800) 928-4838	(877) 856-0004	(877) 662-0008
Fax (859) 858-4039	Fax (606) 435-6201	Fax (270) 322-9497
TTYS (859) 858-4226		

We appreciate your service to the nation and extend our gratitude for the opportunity to serve you, the veterans of America's Armed Forces!

Sincerely,

David G Worley

David Worley
Executive Director
Office of Kentucky Veterans' Centers

☐ **Thomson-Hood Veterans Center**
100 Veterans Drive
Wilmore, Kentucky 40390

☐ **Eastern Kentucky Veterans Center**
200 Veterans Drive
Hazard, Kentucky 41701

☐ **Western Kentucky Veterans Center**
926 Veterans Drive
Hanson, Kentucky 42413

Please place a check in the box next to the home you are interested in.

No individual will, on the grounds of race, color, handicap, HIV status or national origin, be denied admission, care or any other benefit provided by the Kentucky Veterans Centers.

INSTRUCTIONS:

1. Applications must be TYPEWRITTEN or PRINTED IN INK.

2. Veterans must have anything other than a dishonorable discharge and meet those criteria required by the United States Department of Veterans Affairs for veteran's status.

3. Applicant must be a resident of Kentucky.

COUNTY OF RESIDENCE: **Where is the veteran currently living/receiving care?**	**DATE:**

In compliance with the eligibility requirements, I do hereby apply for admission to the Kentucky Veterans long term care facility checked above, and declare the following statements and information to be true:

NAME	**SOCIAL SECURITY NUMBER**
ADDRESS (STREET OR RFD)	**TELEPHONE NUMBER**
CITY, COUNTY, ZIP CODE	

DATE OF BIRTH	**SEX**	**AGE**
PLACE OF BIRTH		**RELIGION**

MARTIAL STATUS ☐ SINGLE ☐ MARRIED ☐ DIVORCED (PLEASE PROVIDE COPY OF DIVORCE)
☐ WIDOWED (PLEASE PROVIDE COPY OF DEATH CERTIFICATE OF SPOUSE)
☐ LEGAL SEPARATION (PLEASE PROVIDE COPY OF DECREE)

NAME OF SPOUSE (maiden name)	**SPOUSE'S SOCIAL SECURITY NUMBER**
SPOUSE'S ADDRESS	**SPOUSE'S DATE OF BIRTH**

DATE AND PLACE OF MARRIAGE (PLEASE PROVIDE COPY OF MARRIAGE LICENSE)

MILITARY SERVICE INFORMATION (Please provide copy of DD 214/Discharge)

BRANCH AND SERVICE NUMBER	**DATE AND PLACE OF ENLISTMENT**	**DATE AND PLACE OF DISCHARGE**	**TYPE Of DISCHARGE**

IF YOU HAVE EVER BEEN A RESIDENT OF THE KENTUCKY VETERANS CENTER OR OTHER STATE OR FEDERAL LONG TERM CARE FACILITY, PLEASE COMPLETE THE FOLLOWING:

DATE OF DISCHARGE	**FACILITY**	**REASON**

HAVE YOU BEEN A PATIENT IN A HOSPITAL WITHIN THE LAST SIX MONTHS? ☐ Yes ☐ No
If Yes, please complete the following:

Name of Hospital/Private Physician	**Address of Hospital/Physician**
Name of Hospital/Private Physician	**Address of Hospital/Physician**

DO YOU HAVE MEDICARE? ☐ YES ☐ NO **PART A_____ PART B_____ EFFECTIVE DATES:_____** **MEDICARE NUMBER _____ (Provide copy)**	**DOES YOUR SPOUSE HAVE MEDICARE? ☐ YES ☐ NO** **MEDICARE NUMBER_____ (Provide copy)**
DO YOU HAVE ANY OTHER HEALTH/MEDICAL INSURANCE: ☐ Yes ☐ No **COMPANY AND NUMBER_____** **(Provide copy & verification of premium due)**	**DOES YOUR SPOUSE HAVE ANY OTHER HEALTH/MEDICAL INSURANCE ☐ YES ☐ NO** **COMPANY AND NUMBER_____** **(Provide copy & verification of premium due)**

INCOME AND ASSETS

YOU HAVE TWO OPTIONS FOR PAYMENT; IF YOU CHOOSE NOT TO DISCLOSE YOUR ASSETS, PLEASE READ THE FOLLOWING STATEMENT AND SIGN:

I DO NOT WISH TO PROVIDE MY DETAILED FINANCIAL INFORMATION. I UNDERSTAND THAT I WILL BE ASSESSED THE MAXIMUM AMOUNT FOR EXTENDED CARE SERVICES AND AGREE TO PAY THE MAXIMUM CHARGE.

SIGNATURE DATE

YOUR SECOND OPTION IS TO DISCLOSE YOUR ASSETS AND YOU WILL BE CHARGED BASED ON YOUR ABILITY TO PAY. IF YOU ELECT THIS OPTION, PLEASE PROVIDE THE INFORMATION REQUESTED BELOW:

LIST ALL REAL ESTATE YOU AND/OR YOUR SPOUSE OWN OR IN WHICH YOU AND/OR YOUR SPOUSE HAVE ANY INTEREST. (Give location, size, description and approximate value. State whether held solely or jointly with husband/wife).

LIST ALL SECURITIES WHICH YOU AND/OR YOUR SPOUSE OWN. (Include cash on hand or in safety deposit box, savings, checking accounts, time deposits, stocks, bonds, postal savings, notes, mortgages, or any other money or securities. Give amount and where located). (Provide verification of all securities listed).

LIST THE PERSONAL PROPERTY WHICH YOU AND/OR YOUR SPOUSE OWN. (Include auto, truck, livestock, furniture, farm equipment, business inventory, etc. Give approximate value and where located).

LIST ANY INDEBTEDNESS OTHER THAN THAT SECURED BY YOUR PRIMARY RESIDENCE. (Include amounts, payee, due dates and reason for indebtedness).

LIST ANY INSURANCE POLICES WHICH YOU AND/OR YOUR SPOUSE HAVE. (Include burial, life, hospital, health and accident. Give name of company and face and/or current cash value). (Provide copies).

LIST GROSS AMOUNTS OF MONTHLY INCOME:	**VETERAN**	**SPOUSE**
Wages	**$**	**$**
VA Pension	**$**	**$**
VA Compensation: Percent of Compensation _____	**$**	$
Social Security	**$**	**$**
Medicare	**$**	**$**
Retirement Income	**$**	**$**
Pension Income	**$**	**$**
Other Retirement Income	**$**	**$**
Interest	**$**	**$**
Dividends	**$**	**$**
Income from rental properties	**$**	**$**
Court Mandated(Alimony, Child Support)	**$**	**$**
Other Income	**$**	**$**
Other Income	**$**	$

PERSONS TO BE NOTIFIED IN AN EMERGENCY. (List two. If applicant has a guardian, conservator, or power of attorney, copies of the legal documents establishing such authority must be attached).	
NAME	RELATIONSHIP
ADDRESS	WORK PHONE
CITY, STATE, ZIP CODE	HOME PHONE
NAME	RELATIONSHIP
ADDRESS	WORK PHONE
CITY, STATE, ZIP CODE	HOME PHONE

BURIAL ARRANGEMENTS

Name of Undertaker to be called
Address of Undertaker
Desired Location of Burial
Name of person taking care of arrangements, if any

CERTIFICATION

I_____, do solemnly affirm that I fully understand requirements that must be met, and all qualifications that must be possessed by an applicant for admission to the facility. I fully understand all questions asked on this application and that all statements made by me on this application are true. I am a resident of the Commonwealth of Kentucky and affirm that because of physical disability, I am unable to continue living in my home. I further agree to accept transfer to any other health care facility, or to my home, if in the opinion of the staff such transfer is necessary. This application is my free and voluntary act.

I also certify that I have provided all requested information regarding my assets, indebtedness and income (including that related to my spouse) and that such information is complete and correct. I also agree to provide required proof of all income, assets, and indebtedness upon request. I understand that my admission and continued stay in the Kentucky Veterans Center is subject to a true and accurate reporting of my financial status. Misrepresentation of my financial status may result in my immediate discharge from the Kentucky Veterans Center.

I also understand that the professional staff at the facility shall have the right to deny admission if, in their opinion, my needs cannot be adequately met at the facility.

I hereby authorize the Kentucky Veterans Center to apply for any financial benefits to which I may be entitled.

I understand that a non-medical leave of absence from the facility in excess of 96 hours (4 days) will result in a charge per day equal to the current VA Per Diem rate in effect at the time. This charge will be retroactive to the first day of absence from the facility and will cover the entire period of absence.

I understand the monthly charges by the facility and agree to pay in full any charges within ten days of receipt.

Signature of Applicant **Date:**
(or Legal Representative)

Application Checklist includes but is not limited to the following:

- **Medical records from all healthcare providers seen in the six months prior to application and extending to date of admission.**
- **Proof of Kentucky residency.**
- **Proof of all income amounts listed herein.**
- **Documentation of all real estate listed other than the primary residence to include copy of deed, property tax assessment, and/or mortgage.**
- **Statements of account for all securities (cash on hand or in safety deposit box, savings, checking accounts, time deposits, stocks, bonds, postal savings, notes, mortgages, or any other money) listed herein for the three months prior to application and extending to date of admission.**
- **Documentation of all personal property listed herein other than one primary automobile.**
- **Copies of all insurance policies listed.**
- **Copies of medicare and health insurance cards (front and back).**
- **If applicable, copy of monthly premium paid on supplemental health insurance.**
- **Tax return for previous year, if applicable.**
- **Copies of all outstanding debts listed.**
- **Alimony/child support documentation.**

ADDITIONAL COMMENTS

Completion of this section is voluntary

A. ☐ American Indian or Alaskan Native

B. ☐ Asian or Pacific Islander

C. ☐ Black (Not of Hispanic origin)

D. ☐ Hispanic

E. ☐ White (Not of Hispanic origin)

Information is used only for statistical purposes

APPLICATION FOR ADMISSION CHECKLIST:

MEDICAL & LEGAL INFORMATION REQUIRED TO PROCESS YOUR APPLICATION: (ALL items listed must be provided in order for the application to be processed and considered for admission).

- ❑ **A copy of the power of attorney/guardianship papers.**
- ❑ **A copy of the residents living will/advance directives.**
- ❑ **A copy of discharge from military service, (DD214), or other military document showing dates of service.**
- ❑ **A copy of military ID, if military retiree.**
- ❑ **A copy of social security card.**
- ❑ **Verification of Kentucky residency, (mail items showing current address, utility bills, driver's license, etc.).**
- ❑ **Copies of all insurance cards, (front & back), ie. Medicare, Medicaid, and private insurance.**
- ❑ **Current history & physical, (within past 30 days).**
- ❑ **Current medication/treatment list, including herbal and over the counter meds.**
- ❑ **Current PPD skin test status or proof of negative chest X-ray if PPD positive.**
- ❑ **Current Height and Weight.**

***If the applicant is currently in a nursing facility, please provide: (items listed below plus the items listed above).**

- ❑ **Nursing monthly summaries for previous 3 months.**
- ❑ **Nursing notes for previous 3 months.**
- ❑ **MDS Assessment, and Care Plan.**
- ❑ **Social Work notes.**
- ❑ **Diet information.**
- ❑ **Current medication list.**
- ❑ **Immunization records.**
- ❑ **Skin assessment.**
- ❑ **Recent lab reports.**

***If the applicant is not currently in a nursing facility, please provide: (items listed below plus the ones listed at top of page).**

- ❑ **Discharge summary from recent or current hospital stay. Hospital nursing notes, lab results, x-ray reports, social worker notes, psychiatric notes, diet information, etc.**

*You may sign a Release of Information form at the MD office, nursing home, hospital, etc. and have them fax the medical record information directly to the Admission Coordinator.

FINANCIAL CHECKLIST

FINANCIAL INFORMATION REQUIRED FOR ADMISSION:

☐ Verification of **ALL Gross** income amounts you/or your spouse receive per month.

$_____ Income from previous year (pensions, social security, interest, dividends, retirement).

$_____ Total out of pocket medical expenses for prior year (Medicare premium, health insurance premium, co-pay for office visits, medications, eye glasses, hearing aids).

☐ Please provide copies of check & check stubs you receive for any income that are not direct deposited. Income amounts must verify **gross amount** before withholdings.

☐ Copies of the tax return for the previous year, if applicable.

☐ Copy of the monthly premium paid on supplemental health insurance for you/or your spouse, if applicable.

☐ Three (3) months of bank statements for checking and savings account starting with the most current statement.

Copies of the following that are applicable:

- ☐ Market value of any property other than your primary residence.
- ☐ Market value of additional vehicles other than your primary vehicle.
- ☐ Certificates of Deposit (current value with current interest rate), IRA's, Stocks, Bonds, Money Market Accounts, Life Insurance Policies (cash value) and Burial Funds.

☐ Copies of outstanding debts i.e. medical bills, credit cards.

☐ A copy of your current marriage license. If widowed, divorced or legally separated, provide documentation of this fact also property settlement if applicable. If paying child support or alimony, please provide court documents.

☐ Letter from current nursing or most recent nursing home to verify financial obligation is being or has been met.

If you have any questions regarding the admissions or financial process, please contact the homes' admissions coordinator or financial officer at your convenience.